

## ARMY SUBSTANCE ABUSE PROGRAM

**Proponent For Inspection: DMWR/Alcohol & Drug**

**Point of Contact:**

**Unit Inspected:**

**Date of Inspection:**

**Unit Representative:**

**Unit Phone Number:**

**Inspector's Name:**

**Point of Contact:**

**REFERENCES:** a. AR 600-85, March 2006 b. Commanders Guide & UPL Urinalysis Collection Handbook, June 2006 c. FLW SOP for the Military Urinalysis Drug Testing Program, Sept 2004 d. AR 190-5, July 1988 e. AR 350-1, May 2003

**Standards: Rating: "T" = 90% success rate of evaluated tasks. "P" = 70% success rate of evaluated tasks. "U" = less than 70% success rate of evaluated tasks.**

INSPECTION CRITERIA:	LEVEL	GO	NO GO	REMARKS
<b>ALCOHOL &amp; DRUG EDUCATION AWARENESS</b>	Battalion			
1. Does the unit have AR 600-85, 24 March 2006?	Battalion			
Command Policy #35-04, Alcoholic Beverages, 9 Feb 2004?	Battalion			
Command Policy #8-05, Drunk or Drugged Driving, 4 April 2005?	Battalion			
Fort Leonard Wood Standard Operating Procedures for the Military Urinalysis Drug Testing Program, Sept. 2004?	Battalion			
DOD Drug Testing Program Client Collection Software Users Guide Version 5.2, Oct 2002?	Battalion			
Current Unit Urinalysis Program SOP?	Battalion			
Commander's Guide and UPL Handbook, June 2006?	Battalion			
2. CRITICAL TASK: Is Alcohol and Drug Prevention Education provided a minimum of 4 hours per year to military and 3 hours per year to civilian personnel? (AR 600-85, chap 2-6; Cdr/UPL Handbook, sec 1-3)	Battalion			
a. Date of last class				
b. Instructor				
c. Subject				
d. Number attended				
e. Provide class roster to inspector				
3. Does the UPL maintain a unit ASAP Bulletin Board with information on drug and alcohol services available, current policy and other related information to help soldiers make responsible decisions? (UPL Handbook 4-3-3)	Battalion			
4. Are Commanders providing A/D orientation to newly assigned personnel? (AR 600-85, para 1-26; Cdr/UPL Handbook 4-4-1)	Battalion			
<b>COMMANDER'S KNOWLEDGE &amp; ADMINISTRATION OF ALCOHOL/DRUG PROGRAM</b>	Battalion			
1. Is the Commander making use of all tools to prevent/identify drug abuse at the unit level? (AR600-85, chap 2-1)	Battalion			
2. Is the Commander supporting soldiers with abuse problems to be self-referrals to ASAP? (AR 600-85, chap 4-1)	Battalion			

3. Are Commanders knowledgeable about early warning signs and symptoms of a substance abuse problem?	Battalion			
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INSPECTION CRITERIA:	LEVEL	GO	NO GO	REMARKS
<b>UTILIZATION OF BIOCHEMICAL TESTING AND PROCEDURES</b>	Battalion			
1. Has a Unit Prevention Leader (UPL) been appointed? (AR 600-85, chap 1-26; CDR/UPL Handbook Sect 1-2)	Battalion			
2. Has an assistant UPL been appointed? (FLW SOP 1)	Battalion			
3. Are the UPL and assistant on current appointment orders? (CDR/UPL Handbook Sec 1-2)	Battalion			
4. Has a local background check been submitted to the Military Police with a photocopy of the findings to the Installation Biochemical Test Coordinator? (CDR/UP Handbook sect 1-2, FLW SOP 1)	Battalion			
5. Do newly appointed UPLs attend the ASAP UPL course prior to performing UPL duties? (CDR/UPL Handbook, sect 1-2c)	Battalion			
6. Does the UPL have 100% supply of specimen bottles to conduct urine tests as required by the Commander? (CDR/UPL Handbook sect 11-30)	Battalion			
<b>7. CRITICAL TASK: Is the unit meeting the TRADOC/Fort Leonard Wood requirement for urinalysis testing? (FLW SOP page 2)</b>	Battalion			
<b>8. CRITICAL TASK: Is the unit using Smart Testing? (CDR/UPL Handbook sect 2-3-1)</b>	Battalion			
9. Is the unit maintaining a urinalysis ledger to document testing? Are logs and corresponding paperwork being kept in accordance with ARIMS and in a secure cabinet/safe? (CDR/UPL Handbook sect 3-2-1)	Battalion			
<b>10. CRITICAL TASK: Does the unit have a safe or cabinet to secure specimens and is in accordance with regulation? (CDR/UPL Handbook sect 2-3-5)</b>	Battalion			
11. Do all samples collected follow formal chain of custody procedures and FLW Urinalysis SOP? (CDR/UPL Handbook sect 2-3-4)	Battalion			
12. Is the unit using current procedures for observation, briefing of observers, and control of personnel being tested? (CDR/UPL Handbook sect 2-3)	Battalion			

<b>COMMANDER'S REFERRAL RESPONSIBILITIES</b>	Battalion			
1. Are Commander's aware that mandatory referrals to ASAP/CCC should be made in the following incidents within 72 hours? (AR 600-85 chap 3) a. All incidents/accidents related to alcohol/drug abuse. b. All incidents of family violence related to alcohol/drug abuse. c. All soldiers with blood alcohol level of .05 percent or above while on duty. d. All soldiers suspected/identified as alcohol/drug abusers.	Battalion			
2. Does the Unit Commander refer abusers who have been identified through medical, command, biochemical channels, or investigation/apprehension to the ASAP for evaluation? (AR 600-85 sect 3)	Battalion			

3. Does the Commander understand that soldiers identified as positive from urine results must be referred to the ASAP, read their rights, and reported to law enforcement? (AR 600-85sect 3-7)	Battalion			
4. Are Commanders and UPLs knowledgeable of ASAP referral and enrollemnt procedures? (AR 600-85 chap 3)	Battalion			
5. Does the Commander ensure that "RO" (rehabilitation patient) testing of all personnel identified is done in accordance with recommendation by counselor? (AR 600-85 sect 4-3d, CDR/UPL Handbook sect 3-3-2)	Battalion			
6. Are Commanders and UPLs aware of status of unit service members referred/enrolled in ASAP services? (AR 600-85 chap 3-12)	Battalion			
7. Does the Commander inform the UPL of changes in status of personnel in the program?	Battalion			
8. Are all personnel identified as illegal drug users being processed for separation? (AR 600-85 chap 1-35)	Battalion			
9. Are all personnel identified as rehabilitation failures processed for separation? (AR 600-85 chap 4-7)	Battalion			

<b>MILITARY URINALYSIS COLLECTION</b>	Battalion			
1. Are military collections conducted in accordance with guidelines prescribed in ACSAP Commander's Guide and UPL Book? 1 June 2006	Battalion			

Remarks and Final Comments: